STATEMENT OF

| FORM 1 | ORGANIZA (See instruction | | | Office use only |
|---|---|--|----------------------|---|
| NAME OF COMMITTEE (in f | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| DOC PAC | | | | |
| | | | | |
| ADDRESS (number and s | treet) 264 N. Lumpkin Stree | et, #202 | | |
| (Check if address | | | | |
| is changed) | Athens | | GA | 30601 |
| | | CITY▲ | STATE▲ | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-n | nail address) | | |
| (Check if address is changed) | paul@pdscompliance | e.com | | |
| is onunged) | | | | |
| COMMITTEE'S WEB I | PAGE ADDRESS (URL) | | 11111 | |
| is changed) | | | | |
| DATE M M M M M M M M M M M M M M M M M M M | | C C00396721 AMENDED (A) | | |
| I certify that I have examine Type or Print Name of | ned this Statement and to the best of my know Freasurer Paul Kilgore | vledge and belief it is true, correct | and complete | |
| Signature of Treasurer | Electronically Filed by Paul Kilgo | re | Date 10 ^M | / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of fal | se, erroneous, or incomplete information may ANY CHANGE IN INFORMAT | | · | |
| Office Use Only | | For further information Federal Election Comm Toll Free 800-424-9530 | ission | FEC FORM 1 (Revised 02/2009) |

| FEC | Form 1 (Revised 02/2009) | Page 2 | | | | |
|---------------------------|--|---|--|--|--|--|
| | COMMITTEE (Check One) Committee: | | | | | |
| (a) | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.) | the candidate | | | | |
| Name of Candidate | | | | | | |
| Candidate Party Affili | | State | | | | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| Name of Candidate | | | | | | |
| Party Con | | | | | | |
| (d) | (National, State This committee is a (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | | |
| Political A | Political Action Committee (PAC): | | | | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: | | | | |
| | Corporation Corporation w/o Capital Stock La | abor Organization | | | | |
| | Membership Organization Trade Association | Cooperative | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| (f) X | The state of the s | ed fund or party | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | |
| | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | | |
| | | | | | | |
| | raising Representative: | | | | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | | |
| Co | ommittees Participating in Joint Fundraiser | | | | | |
| | 1. FEC ID number C | | | | | |
| | 2. FEC ID number | | | | | |
| | 3. FEC ID number C | | | | | |
| | 4 FEC ID number C | | | | | |

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|---|--|---------------------------|-----------------------------|
| Write or Type Committee Name | | | |
| DOC PAC | | | |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising | Representative, or Leader | rship PAC Sponsor |
| J. PHILLIP GINGRE | Y | | |
| | | | |
| Mailing Address | PO Box U | | |
| | | | |
| | Marietta | GA L | 30060 |
| | CITY▲ | STATE A | ZIP CODE |
| Relationship: Connected Organization | Affiliated Committee Joint Fundra | aising Representative X | Leadership PAC Sponsor |
| Full Name Mailing Address | Kilgore 264 N. Lumpkin St #202 | | |
| | Athens | GA | 30601 |
| Title or Position ▼ Treasure | CITY A Pr Tele | STATE A phone number 706 | ZIP CODE 14 - 534 - 7780 |
| name and address of a Full Name of Treasurer Paul | e and address (phone number optional) of the ny designated agent (e.g., assistant treasurer). Kilgore 264 N. Lumpkin St #202 | treasurer of the commit | tee; and the |
| Mailing Address | LOT II. LUMPRIII OL #202 | | |
| | Athens | GA | 30601 |
| Title or Position ♥ | CITY A | STATE ▲ | ZIP CODE A |
| Treasur | er Tele | phone number 706 | _ 534 _ 7780 |

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|----|--------------------------------|--|----------------|------------|--|--|
| | Full Name of Designated Agent | | | | | |
| | Mailing Address | | | | | |
| | - | | | | | |
| | Title or Position ▼ | CITY A | STATE ▲ | ZIP CODE A | | |
| | | Tele | phone number | | | |
| 9. | Name of Bank, Depository, etc. | safety deposit boxes or maintains funds. | | | | |
| | Suntrus | | | | | |
| | Mailing Address | PO Box 4418 | | | | |
| | | | | | | |
| | | Atlanta | GA | 30302 | | |
| | | CITY 🗻 | STATE △ | ZIP CODE 🛕 | | |
| | Name of Bank, Depository, etc. | | | | | |
| | | | | | | |
| | Mailing Address | | | | | |
| | | | | | | |
| | | 1 | | | | |
| | | | | | | |
| | | CITY 🗖 | STATE▲ | ZIP CODE 🛕 | | |

| Banks or Other Depositories safety deposit boxes or maintain | | ttee deposits funds, ho | lds accounts, rents |
|---|--|-------------------------|--------------------------------|
| Name of Bank, Depository, etc. | | | [ADDITIONAL] |
| | | | |
| Mailing Address | | | 1 1 1 1 1 1 1 1 1 |
| | | | |
| | | | |
| | | | |
| | CITY 🛕 | STATE ⊿ | ZIP CODE 🛕 |
| Name of Any Connected Org | anization, Affiliated Committee, Joint Fundraising Rep | resentative, or Leade | [ADDITIONAL rship PAC Sponsor |
| | | | |
| Mailing Address | 264 N Lumpkin St #202 | | |
| | | | |
| | Athens | GA | 30601 |
| elationship: | СІТУ▲ | STATE A | ZIP CODE |
| Connected Organization | Affiliated Committee X Joint Fundraising Rep | presentative Lea | adership PAC Sponsor |
| Designated Agent | | | [ADDITIONAL] |
| Full Name | | | |
| Mailing Address | | | |
| ag , taa. ooo | | | |
| | | | |
| | | | |
| Title or Position ▼ | CITY A | STATE▲ | ZIP CODE A |
| | Teleph | one number | |
| Joint Fundraiser Participant | | | [ADDITIONAL] |
| | l | EC ID number C | 0 0 0 0 0 |
| | | EC ID number | |